

December 15, 2000

Our Reference: WA-OK#0179.90.R1

Mr. Michael Fogarty  
Chief Executive Officer  
Oklahoma Health Care Authority  
4545 North Lincoln Boulevard – Suite 124  
Oklahoma City, Oklahoma 73105

Dear Mr. Fogarty:

I am pleased to inform you that your request to amend your Medicaid home and community-based services waiver (HCBSW) program No. 0179.90.R1 has been approved effective July 1, 2000. As authorized by section 1915(c) of the Social Security Act, this HCBSW program is requested in order to provide home and community-based services to individuals, who but for the provision of such services, would require the level of care in an Intermediate Care Facility for the Mentally Retarded and Persons with Related Conditions (ICF/MR). This waiver has been assigned control number 0179.90.R1.06. This control number should be used in all future correspondence regarding the waiver.

Specifically, this amendment adds two new waiver services to the list of services available under the waiver: Daily Living Supports and Intensive Personal Supports. Additionally, the amendment changes the name of the existing waiver service “Adaptive Equipment Services” to “Assistive Technology Services”.

The following services are provided under HCBSW program No. 0179.90.R1.06: homemaker, respite care, habilitation (residential habilitation, prevocational services and supported employment services), environmental accessibility adaptations, intensive personal supports, companion services, family training, daily living supports, extended State plan services (physician services, home health care services, prescribed drugs, assistive technology services, specialized medical supplies, dental services, transportation services and specialized foster care) and other services such as physical therapy services, occupational therapy services, speech therapy services, psychological services, nutritional services and audiology services.

The following estimates have been approved:

<u>Year</u>	<u>Unduplicated Individuals</u>	<u>Factor "D"</u>
4	2850	\$48,883
5	3000	\$54,653

For your convenience, we have included a copy of the approved waiver replacement pages. If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

James Randolph Farris, M.D.  
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations